



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 1740.4A
Code 0102
25 July 1996

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 1740.4A

From: Commanding Officer

To: Distribution List

Subj: FAMILY MEMBER CARE CERTIFICATES

Ref: (a) OPNAVINST 1740.4

Encl: (1) Department of the Navy Dependent Care Certificate,
OPNAV 1740/1
(2) Family Member Care Counseling Checklist,
NAVHOSP29PALMS Form 1740/04 (Rev. 3/94)
(3) Sample Administrative Remarks, NAVPERS 1070/613
Annual Verification of Dependent Care Certificate

1. Purpose. To provide policies and procedures for family member care responsibilities (as they affect prescribed military duties).

2. Cancellation. NAVHOSP29PALMSINST 1740.4.

3. Background. Military members must be prepared for a short-notice deployment. Reference (a) requires single member sponsors or military couples with family members to develop a Family Member Care Plan and complete a Dependant Care Certificate, OPNAV 1740/1. Members who fail to maintain their availability shall be considered for an administrative separation.

4. Definitions. For the purpose of this instruction, the following definitions apply.

a. SINGLE SPONSOR is a military member without a spouse, who has a family member or members incapable of self-care (support) residing with the military member.

b. MILITARY COUPLE WITH FAMILY MEMBERS are active duty service members married to each other (regardless of branch of service) who are jointly responsible for the care of a family member or members incapable of self-care (support) residing with the military members.

c. FAMILY MEMBER is a person who bears any of the following relationships with active duty members:

(1) An unmarried legitimate child, adopted child, ward (foster child or pre-adoptive child for whom the sponsor has a legal decree awarding custody), legitimate stepchild, or

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illegitimate child whose paternity has been judicially decreed.
The child must be under the age of 21.

(2) An unmarried family member as described above who has passed their 21st birthday, but is incapable of self-care (support) because of a mental or physical incapacity that existed before the 21st birthday and is dependent upon the active duty member(s) for over one-half of their support.

(3) A parent or another person related by blood or marriage that is dependent upon the active duty member(s) for over one-half of their support, incapable of self-care (support) and resides with the active duty member(s).

5. Action

a. Commanding Officer shall certify all Dependent Care Certificates, OPNAV 1740/1, enclosure (1).

b. Personnel Management Readiness Division shall:

(1) Coordinate the Family Member Care Plan Program.

(2) Ensure initial counseling is conducted for:

(a) Newly reporting single sponsors.

(b) Single military members upon confirmation of pregnancy.

(c) Newly reporting military couples with family members.

(3) Document initial and annual counseling using enclosures (2) and (3).

(4) Maintain file copies of all current Dependent Care Certificates, OPNAV 1740/1.

(5) Ensure affected military members complete and maintain a current Officer Preference and Personal Information Card, NAVPERS 1301/1 (for officers), and Enlisted Duty Preferences, NAVPERS 1306/63 (for enlisted). The statement "Family Member Care" shall be typed on the top of these forms.

c. Military Couples with Family Members and Single Sponsors shall:

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(1) Maintain a Family Member Care Plan for their family members.

(2) Attend counseling upon reporting to this Command; upon confirmation of pregnancy or acquisition of family members, and annually thereafter.

(3) Maintain a current Officer Preference and Personal Information Card, NAVPERS 1301/1 (for officers), and Enlisted Duty Preferences, NAVPERS 1306/63 (for enlisted), which is obtained and recorded by PSD.

(4) Report any changes to dependency status.

6. Applicability. This instruction is applicable for all military personnel aboard Naval Hospital, Twentynine Palms, California.

7. Forms

a. Family Member Care Counseling Checklist, NAVHOSP29PALMS Form 1740/04 (Rev. 3/94) may be obtained from Central Files.

b. Officer Preference and Personal Information Card, NAVPERS 1301/1; Enlisted Duty preferences, NAVPERS 1306/63; Department of the Navy Dependent Care Certificate, OPNAV 1740/1; and Administrative remarks, NAVPERS 1070/613 can be obtained from PSD.


R. S. KAYLER

Distribution:
List A

DEPARTMENT OF THE NAVY DEPENDENT CARE CERTIFICATE

PRIVACY ACT ADVISEMENT

AUTHORITY: 10 U.S.C. Section 5031.

PRINCIPAL PURPOSE: To identify and insure that single military members and military with dependents have made adequate dependent care arrangements to insure he or she is worldwide available.

ROUTINE USES: To contact persons designated by the member as accepting dependent care responsibility to verify their willingness to act for the member in this capacity, to advise the designee when they are expected to discharge these responsibilities and to insure member's compliance with the policy.

DISCLOSURE IS MANDATORY: Information is required to insure members have met their dependent care responsibilities.

PART I. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents.
2. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during all the following circumstances:
 - a. Duty Hours
 - b. Exercises
 - c. Unaccompanied Tours
 - d. TAD
 - e. Extended Duty Hours
 - f. PCS
 - g. Similar Military Obligations
3. I understand that I am subject to deployment on short notice and that I will not be guaranteed special privileges because I have dependents.
4. I understand that failure to make and maintain adequate dependent care arrangements in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy or both.
5. I understand that if these arrangements for the care of my dependents fail, I must still report for duty.
6. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or if circumstances for dependent care change.
7. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.
8. All my dependents are 18 years or older and capable of self-care. (Initials) _____.
9. I have made all necessary arrangements (legal, educational, monetary, religious, etc.) to effect a smooth, rapid turnover of dependent care responsibilities.
10. I have arranged to complete travel that may be required to transfer my dependents to the designated person. If my principal dependent care designee is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary custody of my dependents until that responsibility is transferred to my principal dependents care designee.
11. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents if a Noncombat Evacuation Operation (NEO) (or other evacuation) is implemented. I know that I will be required to remain in place and perform my military duties.

TYPED OR PRINTED NAME GRADE/RATE & SSN

SIGNATURE

DATE

Enclosure (1)

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DEPARTMENT OF THE NAVY DEPENDENT CARE CERTIFICATE

PART II. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

DESIGNEE CERTIFICATION

(The following statement may be signed by three different people or it may be signed by the same person)

12. I have agreed to accept responsibility for the dependents of _____
if he or she must report for duty for extended work hours, recall, or TAD for a duration of less than 30 days.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	PHONE NUMBER (Include Area Code)

13. I have agreed to accept responsibilities for the dependents of _____
if he or she is reassigned in an unaccompanied status or deployed on TAD for a duration of greater than 30 days.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	PHONE NUMBER (Include Area Code)

14. I have agree to accept temporary responsibility for the dependents of _____
until responsibility is transferred to a principal designee.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	PHONE NUMBER (Include Area Code)

PART III. APPLIES TO SINGLE MEMBER SPONSORS & MILITARY COUPLES WITH DEPENDENTS SERVING OVERSEAS & ACCOMPANIED BY DEPENDENTS

DESIGNEE CERTIFICATION

15. I agree to be responsible for accompanying and caring for the dependents of _____
as an escort, if evacuation from an overseas area becomes necessary.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	PHONE NUMBER (Include Area Code)

16. I agree to be responsible for the dependents of _____
after they have arrived at their destination, if evacuation from an overseas area becomes necessary.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED	PHONE NUMBER (Include Area Code)

PART IV FOR IN-SERVICE COUPLES ONLY

17. Statement of Military Spouse: I have read my spouse's plan and concur.

TYPED OR PRINTED NAME & SSN OF SPOUSE	SIGNATURE OF SPOUSE
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PART V COMMANDER CERTIFICATION

18. I have reviewed this Dependent Care Certification and I am satisfied that the member has made adequate dependent care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

SIGNATURE OF COMMANDING OFFICER	DATE
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Enclosure (1)

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BOX 788250
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TWENTYNINE PALMS, CALIFORNIA 92278-8250

FAMILY MEMBER CARE COUNSELING CHECKLIST

Ref: (a) OPNAVINST 1740.4
(b) NMPC Article 38101990

Rank/Rate	Last Name, First, MI	SSN	Department
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It is recognized that most single and military couples with family members are responsible individuals who have anticipated the need for family member care, contingency planning, and have acted accordingly. The following Family Member care Counseling Checklist is required annually and is designed to assist personnel in these categories with their planning.

AS A MINIMUM THE FOLLOWING POINTS SHOULD BE COVERED

- ___ The necessity of carefully planned member care arrangements which don't interfere with military capabilities.
- ___ Who will care for family members
 - ___ While on duty (normal duty hours, alert, recall, extended duty hours)?
 - ___ While TAD?
 - ___ For extended deployment or worldwide PCS?
- ___ Necessity & importance of the following documents:
 - ___ Power of Attorney authorizing medical care.
 - ___ Power of Attorney for person designated to act "*In Loco parentis*".
 - ___ Identification cards for all eligible family members.
 - ___ Will with guardianship provisions.
- ___ The necessity to make financial arrangements with designee who will provide support for family members.
- ___ Complete a new Duty preference Forms, annotating single sponsor or military couple status & family member information, IAW MILPERSMAN Art 3810190, paragraph 5.
- ___ If designee isn't in local area, necessity of:
 - ___ Temporary designee (non-military) in local area until principal designee arrives or family members are transported to principal designee.
 - ___ Transportation arrangements for principal designee to location of family members or vice versa.

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FAMILY MEMBER CARE COUNSELING CHECKLIST

___ Services provided by:

- ___ Red Cross
- ___ Personal Affairs
- ___ Legal Office
- ___ Disbursing
- ___ Chaplain
- ___ Housing Office (single parent/request live-in housekeeper)

___ Provisions governing entitlement to assignment of government quarters.

___ * Single parent only, entitlement and request for live-in housekeeper
IAW OPNAVINST 11101.13 series.

___ Provisions governing entitlement to child support IAW NMPC articles
6210120, 6210125, and 6210140.

___ Provisions governing disciplinary actions and involuntary separation from
service for inability to perform the following:

- ___ Prescribed duties
- ___ Repetitive absenteeism
- ___ Non availability for worldwide assignment because service member
can't arrange for care of family members during his/her absence.

SINGLE PARENTS IN THE NAVY

1. REASON PERSONNEL ARE SINGLE PARENTS

- a. Mistake - unplanned pregnancy
- b. Deliberate - wanted child w/o spouse
- c. Divorce
- d. Dual-Military - spouse deployed or unaccompanied tour
- e. Major illness - spouse on long-term hospital/respite care
- f. Widowed

2. AREA OF CONCERN FOR SINGLE PARENTS

- a. Adequate, reliable, affordable childcare
- b. Adequate, affordable housing

Enclosure (2)

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FAMILY MEMBER CARE COUNSELING CHECKLIST

- c. Deployment/TADs
- d. Duty hours/Shift hours/Flexi-time
- e. Dealing with emergencies
 - (1) Sick child
 - (2) Base/Command recall
 - (3) Unplanned overtime
- f. Finances
 - (1) Child support
- g. Parenting skills
- h. School for child(ren)
- i. Custody issues (if divorced or never married)
- j. Stress management for service member - relaxation, dating

3. POSSIBLE RESOURCES

- a. Family Service Center - counseling, support group, referrals
- b. Navy Relief, Red Cross, WIC, SHARE, Food Stamps
- c. Housing offices
- d. Childcare resources - on base daycare Centers, YMCA, School systems
- e. County Hospital/Medical Clinics - health & parenting issues
- f. County Social Services Departments
- g. Lending Lockers
- h. Legal Office
- i. Handbook on Child Support Enforcement for custodial parents is available
From: Consumer Information Center
Dept. 628-M
Pueblo, Colorado 81009

COUNSELOR	DATE	MEMBER	DATE
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* PLEASE NOTE: THIS COUNSELING IS REQUIRED ANNUALLY IAW MILPERSMAN Art 3810190 *

- COUNSELOR: (1) *File original Department of the Navy Dependent Care Certificate (OPNAV 1740/1) in member's service record. Copy in command file for ready reference in the event of mobilization.*
- (2) *Commands will document in the service member's record the occurrence of command counseling*

Enclosure (2)

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ADMINISTRATIVE REMARKS
NAVPERS 1070/613 (10-81)
S/N 0106-LF-010-6991

E-32

SHIP OR STATION

NAVAL HOSPITAL, TWENTYNINE PALMS, CALIFORNIA

Date:

I certify that I am a single parent or married to a military Member. I further certify that I have been counseled in Accordance with MILPERSMAN article 3810190 and understand the Provisions concerning my responsibilities to provide and maintain A Family Member Care Plan for my family member(s) ensuring my Worldwide assignability. I further understand that failure to Comply, or having an inadequate Family Care Plan may result in Reenlistment, continuation or augmentation.

Witness

Member's Signature

NAME (Last, First, Middle)

SSN

BRANCH AND CLASS